



RCFS

Effective on 12/08/2004
 Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL FOR FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$810.00)

Complete if Known

Application Number	09/835,559
Filing Date	April 17, 2001
First Named Inventor	CORL, Mark T.
Examiner Name	HUYNH, S. P.
Art Unit	2623
Attorney Docket No.	8736.138.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number 50-0911 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Fee (\$)</u>	<u>Small Entity</u>
50	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
360	180

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 or HP =	_____ x _____	= _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 3 or HP =	_____ x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 =	_____ / 50 =	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Other: _____ Request for Continued Examination (RCE)
 Other: _____

<u>Fee Paid (\$)</u>
\$810.00

SUBMITTED BY

Signature	<i>Long Cao</i>	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Mark R. Kresloff	42,766	Date: June 2, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



JUN 02 2008

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<i>Application Number</i>	09/835,559
	<i>Filing Date</i>	April 17, 2001
	<i>First Named Inventor</i>	CORL, Mark T.
	<i>Art Unit</i>	2623
	<i>Examiner Name</i>	HUYNH, Son P.
	<i>Attorney Docket No.</i>	8736.138.00

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - Other Final Amendment filed May 12, 2008
- Enclosed
 - Amendment/Reply
 - Affidavit(s)/Declaration(s)
 - Information Disclosure Statement (IDS)
 - Other _____

2. **Miscellaneous**

- Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- The Director is hereby authorized to charge any additional fees, or credit any overpayments, associated with filing this Request for Continued Examination to Deposit Account No. 50-0911.
A duplicate copy of this sheet is enclosed.
 - RCE fee required under 37 CFR 1.17(e)
 - Extension of time fee (37 CFR 1.136 and 1.17)
 - Other _____
- Check in the amount of \$ 810.00 enclosed
- Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Mark R. Kresloff	Registration No. (Attorney/Agent)	42,766
Signature			Date
			June 2, 2008

NYN-43,324

06/03/2008 SZEHDIE1 00000019 09835559

01 FC:1801

810.00 0P

DC:50550331.1